# Statement of Organization
# Recipient Committee

STATEMENT OF ORGANIZATION

**Type or print in ink**

Date Stamp

**CALIFORNIA FORM 410**

For Official Use only



Statement Type

☐ **Initial**
Not yet qualified ☐ or
_____
Date qualified as committee

■ **Amendment**
List I.D. number:
# 1401304
1/5/2018
Date qualified as committee (If applicable)

☐ **Termination - See Part 5**
List I.D. number:
# _____
_____
Date of Termination

## 1. Committee Information

NAME OF COMMITTEE
Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

STREET ADDRESS (NO P. O. BOX)

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Sacramento | CA | 95814 | (916) 442-7757 |

MAILING ADDRESS (IF DIFFERENT)

**OPTIONAL:** FAX/E-MAIL ADDRESS
(916) 442-7759 / fppc@bmhlaw.com

| COUNTY OF DOMICILE | COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE |
|---|---|
| Sacramento | Statewide |

Attach additional information on appropriately labeled continuation sheets.

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER
Thomas W. Hiltachk

STREET ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Sacramento | CA | 95814 | (916) 442-7757 |

NAME OF ASSISTANT TREASURER, IF ANY
Ashlee N. Titus

STREET ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Sacramento | CA | 95814 | (916) 442-7757 |

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE
Ann-Louise Kuhns

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Sacramento | CA | 95814 | (916) 552-7117 |

## 3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/02/2018 (DATE) By Thomas W. Hiltachk (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 07/02/2018 (DATE) By Ann-Louise Kuhns (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

# Statement of Organization
# Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

**CALIFORNIA FORM 410**



| COMMITTEE NAME | I.D. NUMBER |
|---|---|
| Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association | 1401304 |

## 4. Type of Committee

Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY |
|---|---|---|---|
| | | | ☐ Non-Partisan |
| | | | ☐ Non-Partisan |

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER |
|---|---|---|
| California Bank & Trust | (213) 228-1700 | |

| ADDRESS | CITY | STATE | ZIPCODE |
|---|---|---|---|
| | Los Angeles | CA | 90071 |

**Primarily Formed Committee** Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) | CANDIDATE(S) OFFICE SOUGHT OR HELD ORMEASURE(S) JURISDICTION (INCLUDING DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|---|---|---|
| | | SUPPORT | OPPOSE |
| Proposition 4 | Statewide | X | |
| | | SUPPORT | OPPOSE |
| | | | |

# Statement of Organization
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INSTRUCTIONS ON REVERSE



COMMITTEE NAME
Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association

I.D. NUMBER
1401304

## 4. Type of Committee (Continued)

**General Purpose Committee** Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ **CITY Committee** ☐ **COUNTY Committee** ☐ **STATE Committee**

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee** List additional sponsors on an attachment.

| NAME OF SPONSOR | INDUSTRY GROUP OR AFFILIATION OF SPONSOR |
|---|---|
| California Children's Hospital Association | Children's Hospital |

| STREET ADDRESS | NO. AND STREET | CITY | STATE | ZIP CODE |
|---|---|---|---|---|
| | | Sacramento | CA | 95814 |

**Small Contributor Committee** ☐ _____ **Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.**

**Date qualified**

## 5. Termination Requirements

By sigining the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditure in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

-- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

-- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

Memo Reference:

Additional Committee Address:1215 K Street, #1930, Sacramento, CA 95814